



County of Los Angeles  
**CHIEF ADMINISTRATIVE OFFICE**

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DAVID E. JANSSEN  
Chief Administrative Officer

April 4, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

**LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE  
(ALL AFFECTED) (3 VOTES)**

**JOINT RECOMMENDATIONS BY THE CHIEF ADMINISTRATIVE OFFICER (CAO), THE EXECUTIVE DIRECTOR OF THE COMMUNITY DEVELOPMENT COMMISSION (CDC), THE DIRECTORS OF THE DEPARTMENTS OF CHILDREN AND FAMILY SERVICES (DCFS), HEALTH SERVICES (DHS), MENTAL HEALTH (DMH), PUBLIC SOCIAL SERVICES (DPSS), AND THE SHERIFF, REQUESTING THAT YOUR BOARD:**

1. Direct the CAO to identify \$80 million in one time County funds in the Fiscal Year (FY) 2006-07 Budget Process to fund the Homeless and Housing Program (formerly referred to as the Housing Trust Fund). The Program will be a new budget unit established in the County General Fund (detailed in Attachment I).
2. Approve ten other key recommendations developed by the CAO, CDC, DCFS, DHS, DMH, DPSS, and the Sheriff with input from public and private stakeholders to improve the County's discharge processes and reduce homelessness in Los Angeles County; and direct the CAO to identify ongoing funding in the amount of \$15.6 million in the FY 2006-07 Budget Process.

Board of Supervisors  
GLORIA MOLINA  
First District

YVONNE B. BURKE  
Second District

ZEY YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

3. Direct the CAO to include a Coordinator of Homeless and Service Enriched Housing Initiatives position in the CAO's FY 2006-07 Budget Process. Working with the County Special Needs Housing Alliance and the CDC, the position will assist in coordinating the County's homeless and housing initiatives including facilitating, leading, and monitoring County and interagency efforts focused on reducing the County's homeless population.
4. Approve the Discharge Policies Work Group Recommendations (Attachment II) requiring little or no additional net County cost; implementation of these recommendations will be accomplished with funding that has been identified by the sponsoring County department.
5. Direct the CAO to coordinate the preparation of detailed implementation plans for each of the eleven key recommendations, which include program result statements, performance indicators, and operational measures that will indicate how well the programs and services are achieving the intended result to reduce the County's homeless population.
6. Direct the CAO to coordinate the preparation of quarterly status reports to the Board of Supervisors beginning in September 2006, for the next 24 months that will provide implementation updates and results.

#### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS**

On December 20, 2005, your Board unanimously approved a motion conceptually endorsing a homeless prevention strategy composed of a number of "key" recommendations. Based upon Board direction, the strategy was developed by the CAO and participating departments with input from key private and public sector stakeholders. The motion also directed that cost estimates be compiled and implementation plans developed to enable your Board to make the necessary policy and funding decisions to address the needs of the County's homeless population.

A key component of the strategy is the creation of a Homeless and Housing Program (HHP) fund that supports the County's efforts to assist the homeless population to secure appropriate housing. The HHP will be a new budget unit in the County General Fund. The HHP will initially include a \$80 million one-time allocation that may be leveraged with the \$20 million your Board approved on June 20, 2005, to develop additional year-round shelter beds and supportive services, as well as other local, State



and Federal funding sources, including the McKinney-Vento Homeless Programs/Federal Housing and Urban Development, the Chafee Independent Living Program, the Mental Health Service Act (MHSA), the Governor's Homeless Initiative, and the City of Industry's Affordable and Special Needs Housing Development Program.

The HHP, modeled after the City of Industry Program administered by the County's CDC, will be used to develop emergency, transitional, and permanent housing; establish an acquisition and/or predevelopment loan program; and, finance operating costs and rental subsidies associated with supportive service programs linked to housing. The CAO, in conjunction with the County's Special Needs Housing Alliance (SNHA), will prepare recommendations outlining the use of the HHP funds, and include an analysis of available resources that may be leveraged with the fund to fulfill your Board's housing objectives.

In addition to the HHP, the following key recommendations are presented for your Board's consideration.

- Create five Stabilization Centers (Centers) strategically located in selected geographic areas of the County that will be used by law enforcement as an alternative to arresting homeless individuals that have committed minor offenses. The Centers will also be used by released inmates and persons being discharged from County hospitals who identify as having no other place to go (Attachment III).
- Create a Homeless Family Access Center (HFAC) at which homeless families on Skid Row can be assessed and connected to necessary services and housing in an effort to help families avoid cycling in and out of Skid Row. The HFAC will include a supervised child play area so that parents have a secure place to leave their children while they work with HFAC staff to determine programs that may meet their housing and service needs. The HFAC will work with the Skid Row Family Diversion Plan (Attachment IV) developed in response to your Board's adopted Policy of Zero Tolerance to Families on Skid Row.
- Create a Homeless Court Program to be convened at the Stabilization Centers on a rotating basis. The Homeless Court Program will allow homeless individuals with outstanding warrants for so-called quality of life misdemeanors, which are often associated with their homeless status, to have the warrants dismissed upon successful completion of recovery program for mental health and/or addiction. The outstanding warrants impede the defendants' ability to access social services, find permanent housing, and employment.

- Provide financial support to the Prototype Court being developed cooperatively by Superior Court, DMH, District Attorney, Public Defender, and other criminal justice agencies on a model basis. The Prototype Court will handle felony cases in which the offender has co-existing and persistent mental illness and drug dependence. The felons under the jurisdiction of the Prototype Court will receive intensive wrap-around services financed through the MHSA.
- Hire Housing Locators to assist clients in overcoming barriers to obtaining and maintaining permanent housing; the locators will also work with the staffs of the Centers, the HFAC, the Homeless Court Program, and the Prototype Court. Initially, housing locators will be funded by DMH and DPSS and will be limited to persons eligible for services from those departments. If the housing locators prove beneficial, additional locators will be recommended for funding.
- Secure a Housing Database from an experienced housing database consultant. The Housing Database will have two components: a list of affordable rental housing opportunities Countywide on a web based public access site; and, a complementary restricted access website with lists of emergency and transitional housing shelters. The Housing Database will serve as a tool for homeless outreach teams, Housing Locators, staff of the Centers, the HFAC, the Homeless Court Program, and the Prototype Court.
- Fund a pilot General Relief Housing Subsidy and Case Management Program that will serve approximately 900 homeless General Relief (GR) participants by providing: rental assistance funds; housing locator services to identify and assist with maintaining housing; and case management services including as needed mental health and substance abuse treatment services.
- Expand the current DPSS Supplemental Security Income (SSI) Applications Program at the Twin Towers Correctional Facility to the Men's Central Jail and County Hospitals. In addition, the project will be expanded to include taking applications for other aid programs, including CalWORKs, GR, Food Stamps, and Medi-Cal. The expanded Program will allow clients who identify as homeless, or at risk of homelessness, to begin the process of getting connected, or reconnected, to SSI and/or County benefits prior to discharge from the County institutions.
- Hire a Homeless and Service Enriched Housing Initiatives Coordinator to be located in the CAO. Working with the County Special Needs Housing Alliance and the CDC, the position will assist in coordinating the County's homeless and housing initiatives, including facilitating, leading, and monitoring County and interagency efforts focused on reducing the County's homeless population.



In addition to the key recommendations, there are 19 recommendations that will require little or no additional net County cost and/or are funded by departments. This group of recommendations includes, but is not limited to the following:

- Connection of jail inmates who are eligible former foster youth and under the age of 21 to ILP supportive services;
- Job training for inmates;
- Ongoing training for DHS social workers and other health care staff to enhance their ability to respond to the needs of the homeless and to identify appropriate community resources;
- Establishment of two additional Safe Havens under DMH's oversight to create additional group home beds for clients who are chronically homeless with severe mental illness;
- DMH and Sheriff are working to link persons released from jail who have mental health issues to services through the MHSA Full Service Partnerships, which provide a wide array of services and support to assist mentally ill individuals with housing services, employment services, integrated mental health services, and peer support services;
- Increase the availability of crisis and recovery-based mental health services in Skid Row through the implementation of an Alternative Crisis Services/Wellness Center located at the Downtown Mental Health Center, which will operate 24 hours a day, seven days a week;
- An increase in the number of Transitional Housing Program beds and increasing housing voucher availability for emancipated foster youth by DCFS; and
- The creation of cross departmental Discharge Standards/Guidelines and a Universal Discharge Form.

#### **IMPLEMENTATION OF STRATEGIC PLAN GOALS**

The recommended actions are in compliance with the County Strategic Plan, Goal 1, Service Excellence, Goal 4, Fiscal Responsibility, and Goal 5, Children and Families Well-Being.

### **FISCAL IMPACT/FINANCING**

The ongoing total projected cost of the key recommendations other than the HHP is \$19.7 million. Of the total projected cost, \$15.6 million will be funded by County General Fund net County cost, and \$4 million will be funded by existing non-County General Fund resources currently budgeted, or to be budgeted in DMH and DPSS (e.g., MHSA and CalWORKs), and resources from the CDC (Attachment I/Exhibit A). Funding from MHSA is subject to Board approval of the Community Services and Supports Plan.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

The three overarching factors contributing to the homeless crisis are: 1) lack of permanent, affordable housing; 2) insufficient resources and funding to help clients achieve and sustain self-sufficiency; and, 3) severe psycho-emotional impairment of clients related to, and exacerbated by, substance abuse and/or mental illness.

The 2005 Greater Los Angeles Homeless Count includes key data that underscores the magnitude of the homeless crisis in Los Angeles County, for example:

#### **Homeless Population**

- On any given night, the overall homeless population in the County is approximately 82,291 (excluding the Cities of Glendale, Long Beach, and Pasadena, which have a combined additional homeless population of 6,054);
- 34,512 persons were considered to be "chronically homeless";
- 19,882 persons in families were identified as homeless; and
- Using these figures as baselines, an estimated 221,363 persons had been homeless at some point during the year.

#### **Geographic Distribution of Homeless Population**

- Los Angeles City (as the County's largest city): 48,103 (58.5%)
- Incorporated cities other than Los Angeles, Long Beach, Glendale, and Pasadena: 26,764 (32.5%)
- Unincorporated areas: 7,424 (9%)

Estimated Homeless Population by Service Planning Area

- SPA 1 (Antelope Valley): 3,544 (4.3%)
- SPA 2 (San Fernando Valley): 11,275 (13.7%)
- SPA 3 (San Gabriel Valley): 9,254 (11.2%)
- SPA 4 (Metro): 20,023 (24.3%)
- SPA 5 (West Los Angeles): 6,860 (8.3%)
- SPA 6 (South Los Angeles): 16,787 (20.4%)
- SPA 7 (East Los Angeles): 7,178 (8.7%)
- SPA 8 (South Bay/Harbor): 7,369 (8.9%)

In response to the homeless crisis, your Board directed the CAO and County departments to develop a homeless prevention initiative to reduce homelessness. The response embodied in the recommendations is a proactive, comprehensive, multi-departmental continuum of care designed to begin addressing the needs of the current homeless population, and prevent future generations from becoming homeless. The proposed recommendations will address the long-term needs of clients and reduce the cost to the County's health and human service infrastructure associated with clients cycling in-and-out of expensive systems. Through enhanced coordination and alignment of resources, savings generated through this preventive approach may be used to further support homeless prevention initiatives and/or augment Countywide efforts, such as through the County's SNHA, to increase the supply of permanent, affordable, service-linked housing.

All participating departments have had ample time to review the attached recommendations and provide input. All participating departments concur with the recommended actions, as well as the nine initiatives that are not recommended for implementation at this time contained in Attachment IV.



### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

The approval of the recommendations to prevent and reduce homelessness will enhance programs to serve the County's homeless population and will serve to move families and individuals off the streets. Approval will also result in cost reductions related to emergency room visits and incarceration of persons with mental illness and/or substance abuse issues, the latter of which would be better served through treatment programs resulting in savings to the County's Health and Human Service and Justice Systems. Finally, approval will result in an improved safety net for the County's homeless population by creating improved access to services for homeless individuals and families. As detailed implementation plans are developed, the CAO Service Integration Branch, in concert with the participating departments, will also develop outcome measurements to determine how well the programs are achieving their intended results.

### **CONCLUSION**

With nearly 90,000 homeless, Los Angeles is referred to by some as the "homeless capital of America." Your Board has provided concerted leadership over the past year that has led to the development of the recommendations contained herein. Your Board's adoption of these recommendations will provide an unprecedented, and historical, commitment on the part of the County to the prevention and reduction of homelessness in Los Angeles County. Implementation of the proposed initiatives, coupled with the County's innovative nonprofit homeless services sector, some of which have been heralded as national models, will hopefully spark the creation of a "regional system of care" that connects all of Los Angeles County's homeless programs together; and establishes what will perhaps become the Nation's most comprehensive system for preventing homelessness and moving homeless citizens, with all of the dignity and respect that they deserve, from the streets into safe, permanent, affordable housing.



Respectfully submitted,



LEROY D. BACA  
Sheriff



DAVID B. SANDERS, Ph.D.  
Director of Children and Family Services



BRUCE A. CHERNOF, M.D.  
Acting Director and Chief Medical Officer  
of Health Services



BRYCE YOKOMIZO  
Director of Public Social Services

DEJ:LDB:DBS  
CJ:BC:MS:BY

Attachments (5)

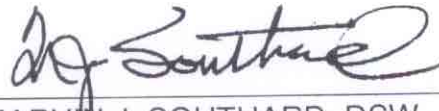
c: County Counsel



DAVID E. JANSSEN  
Chief Administrative Officer

  
for

CARLOS JACKSON  
Executive Director of Community  
Development Commission



MARVIN J. SOUTHARD, DSW  
Director of Mental Health

## COUNTY HOMELESS PREVENTION INITIATIVE

### KEY RECOMMENDATIONS

In response to direction from the Board of Supervisors, the Sheriff, Community Development Commission (CDC), Chief Administrative Office (CAO), Departments of Public Social Services (DPSS), Mental Health (DMH), Health Services (DHS), and Children and Family Services (DCFS) propose the following recommendations to prevent and reduce homelessness in the County.

#### Recommendations

##### 1. **Create a Countywide Homeless and Housing Program (HHP)**

The purpose of the HHP is to finance housing development and related operating and supportive service programs. It is proposed that the HHP initially include a \$80 million one-time allocation, which would be leveraged with the \$20 million your Board approved on June 20, 2005, for development of additional year-round shelter beds and supportive services, as well as other local, State, and Federal funding sources, including: McKinney-Vento Homeless Programs/Federal Housing and Urban Development, the Chafee Independent Living Program, the Mental Health Service Act, the Governor's Homeless Initiative, and the City of Industry Affordable and Special Needs Housing Development Program.

The HHP, modeled after the City of Industry Program administered by the County's CDC, will be used to develop emergency, transitional, and permanent housing; establish an acquisition and/or predevelopment loan program; and, finance operating costs and rental subsidies associated with supportive service programs linked to housing.

The County's Interagency Operations Group (IOG) executed an agreement with the firm of Hamilton, Rabinovitz, and Alschuler to provide a report on current homeless and housing program funds and practices administered by other jurisdictions in California, with a specific focus on other California counties, including a summary of the programs principle features, organizational, administrative, and legal structures, as well as funding sources and fiscal mechanisms. Utilizing this report, and in conjunction with the CDC and the Special Needs Housing Alliance, the CAO will prepare a report to the Board which will include a detailed, multi-year plan for the use of the HHP including an analysis of available resources that may be leveraged with the fund to fulfill your Board's housing objectives. Annual recommendations for the use of the HHP that are consistent with the multi-year plan will be provided as a part of the proposed budget process.



**2. Create five 24-hour, multi-disciplinary/interdepartmental Stabilization Centers**

Initially, five Stabilization Centers will be strategically located in selected geographic areas of the County and will be used by law enforcement as an alternative to booking homeless persons with mental illness and/or substance abuse issues who are arrested for minor offenses and are in need of service connections. The Stabilization Centers will be equipped to provide short-term shelter and to assist persons to connect with appropriate supportive services. In addition, the Stabilization Centers will serve persons who are being discharged from County jails and hospitals and have no identified place to go. The Stabilization Centers will be staffed with mental health, health/substance abuse, and social service experts who will deal with current issues and will seek to arrange for appropriate housing with supportive services upon discharge.

The plan proposes enhancing five of the County's existing Regional Homeless Access Centers to become Stabilization Centers. The Regional Homeless Access Centers are currently supported by Federal funding at approximately \$400,000 per year and matching funds provided by nonprofits. The selected five Regional Homeless Access Centers would be enhanced with additional beds and County services to serve up to 40 persons per Center. Thirty of the beds would be onsite and 10 beds will be contracted for at a nearby residential treatment facility. County services will be provided by a relocation of current staff/services. County General Funds, in the amount of \$1,425,000 will be needed to fund the projected additional annual cost to add a stabilization component to a single Homeless Access Center. Because of the time needed to enhance each Homeless Access Center, the first year funding will be utilized for the actual one-time enhancement and start-up costs. Attached is a proposal that provides additional information regarding the Stabilization Centers (Attachment III).

**3. Create a multi-disciplinary/interdepartmental Homeless Family Access Center (HFAC) for Skid Row Families**

The HFAC will serve to assess the service needs of homeless families residing in Skid Row and connect them to necessary services and housing outside Skid Row in an effort to help them avoid cycling in and out of the Downtown/Skid Row area. The County departments of DPSS, DCFS, DHS, and DMH will staff the HFAC. The HFAC will target families living at Skid Row missions, hotels, and shelters. The ultimate goal of the HFAC is to connect the families to services and permanent housing outside of the Downtown/Skid Row area. The HFAC will become a component of the Skid Row Family Diversion Program developed pursuant to the Board of Supervisors' Policy of Zero Tolerance for Families on Skid Row. The projected annual cost for the HFAC is \$1,400,000.

The HFAC will include a drop-in child care, i.e., Conference Child Care, component for children whose parents are being assessed on the premises. This service component will be designed to accommodate a maximum of 38 children, ranging in age from infancy through 12, and will include high quality care and supervision by child development professionals trained to work with children and families in crisis. The drop-in child care portion of the facility will be secured and will be structured to accommodate the various developmental needs of the children to be served. Because the child care center will be a drop-in center, state licensing is not required; however, compliance with licensing standards will be met where possible.

#### **4. Create a Homeless Court Program**

Create a Homeless Court Program, to be convened at the five Stabilization Centers on a rotating basis. The goal of the Homeless Court Program is to allow homeless individuals with outstanding warrants for so-called quality of life misdemeanors, which are often associated with their homeless status, to have the warrants dismissed upon successful completion of recovery program for mental health and/or addiction. The outstanding warrants impede the the defendants' ability to access social services, find permanent housing and employment.

The Homeless Court Program will be held monthly to resolve outstanding tickets, warrants, and fines for homeless defendants. Individuals who have participated in a rehabilitative service program for at least 90 continuous days, and have not been rearrested or ticketed in the previous six months, may apply to have their eligible outstanding misdemeanor cases referred to the Court. Offenses that are eligible for dismissal through the Court are infractions such as Metro fare evasion, jay walking, traffic citations, some low-grade misdemeanors determined on a case-by-case basis, and all associated fines and warrants.

The Court will be staffed by judges, and personnel from the District Attorney, City Attorney, Public Defender, court monitors, i.e., Homeless Court liaison, Probation Department, and law enforcement. The annual projected operational/administrative cost for the Court is \$379,000.

#### **5. Provide Financial Support for a Prototype Court (PC)**

The Department of Mental Health and the Superior Court are working to create a PC, which is a hybrid between a Drug Court which handles felony drug crimes cases, such as possession of illegal substances, and a Mental Health Court (MHC), which deals primarily with a variety of misdemeanor charges where the offender has been identified, while in custody or at court, as having a serious mental illness and a history of failed treatment and a rearrest. The PC will handle felony cases in which the offender has co-existing disorders of serious mental illness and drug dependence. The felons under the jurisdiction of the PC will



receive intensive Wrap-Around services financed through the Mental Health Service Act. One of the objectives of the PC is to establish a model of operations that can be expanded throughout the County. A \$200,000 annual County General Fund contribution toward the PC operational costs is proposed. Attached is a document that further defines the various alternative courts (Attachment I/Exhibit B).

## **6. Housing Locators**

At present, DMH and DPSS have efforts underway to establish housing locators/specialists responsible for assisting clients of County health and human services departments overcome barriers to obtaining/maintaining permanent housing. Housing locators will develop and cultivate a network of Section 8 and other affordable rental unit landlords and assist clients to: a) locate affordable housing and services; b) obtain credit counseling; c) educate clients regarding tenant's rights and responsibilities; and, d) assist clients with rental agreements and moving. To ensure that success of the housing placement, housing locators will remain accessible to the individual landlord and client following the move into a housing unit.

The Department of Mental Health currently funds two housing specialists located in two SPAs. This number will increase by 14 and provide coverage for each SPA. DPSS has released its Request for Proposals for housing locator services for CalWORKs homeless families. Through the DPSS housing locator contract (expected to be in place by July 1, 2006) County general fund dollars will be used to contract for housing locator services for homeless families and individuals not eligible for DMH or CalWORKs services. Other County departments will also be able to purchase housing locator services. Services to clients will be coordinated across SPAs by SPA-based teams. Within a year's time, DPSS and the CAO will evaluate the effectiveness of this arrangement to address the service needs of departments and their clients, and report back to your Board with any findings and recommendations (including funding and capacity related issues) related to the pilot.

## **7. Create a Housing Database**

The Housing Database will have two components. There will be a public-access website which lists affordable rental housing opportunities Countywide. This will be complimented by a restricted-access website which lists emergency and transitional housing shelters, along with additional information on special needs housing resources and opportunities. Both sites would be developed, hosted and maintained by an experienced affordable housing database consultant with oversight by County staff and an advisory board of stakeholders and experts in affordable, special-needs, transitional, and homeless housing.

The public-access site will provide comprehensive listings of affordable subsidized rental housing vacancies throughout the County that can be accessed by the general public, social service agencies, and County departments. It would also allow private landlords to list, at no cost, affordable market-rate rentals. The site would help people search under a range of attributes including location, accessibility, rent, proximity to public transportation, and acceptance of Section 8 vouchers.

The restricted-access site will be limited to agencies and participating staff who work with the homeless population and need to access emergency, transitional, and special-needs housing sites, along with regularly updated information about each resource.

In both modules, there will be call-center staff provided by the consultant that will be available during business hours to assist the public, talk to landlords, work with housing locators, and help update the database at regular intervals. The public-access site will be marketed to the general public in order to encourage private landlords to list affordable units.

This special-needs and homeless housing database will be developed to compliment and enhance current resources being implemented by LAHSA, 211 LA County, and other programs and agencies. The housing database will have two additional future phases: 1) development of a shelter bed vacancy list and 2) a shelter bed reservation system.

The start-up cost for phase I of the database is projected to be \$202,000 with an annual maintenance cost of \$180,000. Total projected cost for year one is \$383,000. The projected timeline for having the initial database up and running is January 2007.

8. **DPSS General Relief (GR) Housing Subsidy and Case Management Program Pilot**

The Pilot will serve approximately 900 homeless GR participants and will provide \$436 for rent. The payment will include a maximum \$300 per month in rental subsidy per client, which will be added to at least \$136, paid from the GR grant, that the participant will be required to use for rent. Participants who share housing will also receive up to \$300 for the subsidy, with at least \$115 of the rent paid for with the GR grant. Participants in the pilot will also receive case management and, as needed, mental health and substance abuse treatment services. The pilot will target homeless GR participants who are seeking employment, pursuing Supplemental Security Income (SSI) benefits, or are chronically homeless.



The projected one-year cost is \$4,052,000 net County cost for the approximately 900 participants. This includes staffing the pilot with 12 GAIN Services Workers and \$200,000 for the GR Housing Locator Consultants, as mentioned in Recommendation No 6. The projected implementation date is July 2006.

**9. DPSS Applications at County Jails Pilot**

The Department of Public Social Services currently takes benefit applications at the Twin Towers Correctional Facility for inmates about to be released who were on SSI prior to their incarceration and for those deemed potentially eligible for SSI. DPSS and the Sheriff's Department propose to expand this project to include other aid programs and inmates who say they will be homeless upon release from the Twin Towers Correctional Facility and Men's Central Jail. DPSS proposes to outstation additional DPSS staff at the Twin Towers Correctional Facility and the Men's Central Jail to assist those individuals in applying for CalWORKs, GR, Food Stamps, and Medi-Cal.

The projected first year cost in the assistance budget is \$592,000, with ongoing annual assistance costs projected at \$748,000. Administrative costs for staffing one unit (seven Eligibility Workers (EW), one Eligibility Supervisor, and one clerk) at both Twin Towers Correctional Facility and the Men's Central Jail will be \$349,000 per year. Both the assistance and administrative costs will be net County cost in the total annual amount of \$1,097,000. The projected implementation date is July 2006.

**10. DPSS Applications at County Medical Centers Pilot**

The Department of Public Social Services and DHS propose to co-locate DPSS' EWs at LAC+USC Medical Center to take applications at four County Medical Centers to assist individuals who indicate that they will be homeless upon discharge and those at risk of homelessness who are being discharged from the Medical Centers in applying for CalWORKs, GR, and Food Stamps benefits. If the pilot is successful, EWs could then be co-located at all County Medical Centers.

The projected first year cost in the assistance budget is \$328,000, with ongoing annual assistance costs projected at \$414,000. Administrative costs to house five EWs, one Eligibility Supervisor, and one clerk to service the four pilot hospitals is \$174,000. Both the assistance and administrative costs will be net County cost in the total annual amount of \$588,000. The projected implementation date is July 2006.

#### **11. Hire a Homeless and Service Enriched Housing Initiatives Coordinator**

The Homeless and Housing Coordinator (HHC) will be located in the CAO and will lead two positions currently dedicated to homeless/housing activities. Working with the County Special Needs Housing Alliance and the CDC, the HHC will coordinate the County's homeless and housing initiatives, including coordinating, facilitating, leading, and monitoring County and related interagency efforts focused on reducing the County's homeless population. In addition, the HHC will work with the County's service departments/agencies and their contract partners, as well as the County's legislative efforts to enhance supportive services to deal with the underlying issues of the homeless population including economic, social, mental health, and substance abuse issues. The HHC will coordinate with the Los Angeles Homeless Services Authority, the cities, and redevelopment agencies of Los Angeles, Long Beach, Pasadena, Glendale, and Santa Monica, as well as the other 83 cities to provide a regional approach to address homeless issues. The HHC will monitor, with County departments, implementation of the Homeless Prevention Initiative programs to ensure that as many persons as possible who are discharged from County funded institutions do not become homeless. The HHC will work with County agencies, other public agencies, and private partners to identify funding sources for the County's HHP, which will be used to provide housing opportunities for the County's homeless population, as well as other special needs populations such as persons living with HIV/AIDS and emancipating foster and probation youth.



## LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE - COUNTY GENERAL FUND PROJECTION

RECOMMENDATION	ESTIMATED COST			COMMENTS
	TOTAL COST	OTHER FUNDING SOURCE	COUNTY GENERAL FUND	
ONE-TIME FUNDING				
Create a Countywide Homeless and Housing Program (HHP)	\$80,000,000		\$80,000,000	The CAO recommends \$80 million in one-time funds be allocated to the Homeless and Housing Program in the FY 2006-07 Budget process. Additional funding in subsequent years will be identified in the Proposed Budget process. This funding is in addition to the \$20 million the Board approved on June 20, 2005 for construction and/or renovation of year round emergency shelters.
ONGOING FUNDING				
Create five 24-hour, multi-disciplinary/interdepartmental Stabilization Centers	\$7,125,000		\$7,125,000	DMH is planning a stabilization center specific to its population that will be funded by MHSA funding. It is possible that one of the five planned centers may be a collaboration with the DMH center.
Create a multi-disciplinary/interdepartmental Homeless Family Access Center (HFAC) for Skid Row Families	\$1,400,000		\$1,400,000	Projected budget includes conference care component budget.
Create a Homeless Court Program	\$379,000		\$379,000	Operational budget includes two additional Superior Court clerks; the Court will be conducted at the Stabilization Centers and the staff at the Centers will support the Court's clients continuum of care.
Provide Financial Support for a Prototype Court (PC)	\$200,000		\$200,000	Prototype Court will handle felony cases in which the offender has co existing disorders of serious mental illness and drug dependence.
Housing Locators (DMH)	\$400,000 \$923,000	\$923,000	\$400,000	DMH will fund two specialists/locators per SPA using MHSA funding with an annual cost of \$923,000. DPSS budgeted \$3 million for locator services for CalWORKs families. General fund dollars will provide housing locator services for homeless families and individuals not eligible for DMH or CalWORKs services.
(CalWORKs)	\$3,000,000	\$3,000,000		
Create a Housing Database	\$382,000	\$180,000	\$202,000	\$180,000 will be provided by the CDC and the remainder of the total cost will be charged to County General Fund.
DPSS General Relief (GR) Housing Subsidy and Case Management Program Pilot	\$4,052,000		\$4,052,000	Projected one-year cost of \$4.1 million NCC, for approximately 900 participants; projected implementation date is July 2006. \$200,000 of the \$4.1 million is budgeted for Housing Locators.
DPSS Applications at County Jails Pilot	\$1,097,000		\$1,097,000	Projected cost is based on a survey conducted by the Sheriff to determine potential benefit eligibility; projected implementation date is July 2006.
DPSS Applications at County Medical Centers Pilot	\$588,000		\$588,000	Projected cost is based on a survey conducted by DHS Medical Centers to determine potential benefit eligibility; projected implementation date is July 2006.
Hire a Homeless and Service Enriched Housing Initiatives Coordinator	\$148,000		\$148,000	Coordinator at the level of Chief Program Specialist fully loaded costs are estimated at \$148,000.
ONGOING FUNDING SUBTOTAL	\$19,546,000	\$4,103,000	\$15,443,000	

<b>TOTAL ONE-TIME AND ONGOING</b>	<b>\$99,546,000</b>	<b>\$4,103,000</b>	<b>\$95,443,000</b>	<b>Total estimated cost as of March 16, 2006.</b>
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## DESCRIPTIONS OF PROBLEM SOLVING (ALSO COLLABORATIVE) COURTS<sup>1</sup>

Problem Solving Courts fall into the following three categories:

### I. COURTS FOCUSING ON CRIME CHARGED

#### Drug Courts (DCs)

- **Established**: More than 15 years ago in Miami, FL, first of the specialized courts;
- **Cases Handled**: DC's procedures and approaches shaped operations of all Problem Solving Courts. Most handle felony drug crimes, such as possession of illegal substances, some handle other crimes resulting from drug dependence;
- **Features**: Unique and enduring features include DC's use of punitive, as well as non-punitive sanctions and positive incentives used in conjunction with a grant of probation and conditional diversion, including: more frequent drug testing, community service and essay writing;
- **Services**: DCs pioneered availability of recovery and social services stationed directly at the court;
- **Sentencing/Goals**: Oversight of offender features a tolerance for occasional failure as evidenced by positive drug tests. Objective of programs is to support offender's progress toward sobriety and productiveness;
- **Availability**: Widely and successfully implemented in California, most notably in Los Angeles; California's Proposition 36 courts are a form of DCs.

#### Domestic Violence Courts (DVCs)

- **Established**: In Massachusetts shortly after the first DC was created in Miami, FL;
- **Cases Handled**: Only domestic violence cases; across the country most handle misdemeanors, but some felony cases as well;
- **Services**: Unique in that they address the social and health needs of the victim as well as the offender's violence;

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<sup>1</sup> Information provided by Dave Meyer with input from Judge Michael Tynan, summarized by Service Integration Branch.



- **Sentencing/Goals:** Protection of victims and families while holding offender accountable;

- **Availability:** There are various DVCs in Los Angeles County.

## II. COURTS FOCUSING ON THE OFFENDER AND OFFENDER'S CIRCUMSTANCES

### Mental Health Courts (MHC)

- **Established:** Mid-1990s in Broward County, FL.;
- **Cases Handled:** Mostly a variety of misdemeanor charges where offender has been identified, while in custody or at court, as having a serious mental illness and a history of failed treatment and a rearrest; several MHCs around the country have begun to handle felony cases;
- **Services:** Linkages to mental health, health, and social services available to offender;
- **Sentencing/Goals:**
  - Offender's adherence to a treatment plan (including medication compliance), overseen by the court, often under a grant of probation;
  - Punitive sanctions very rarely used by MHC judges, as inherent coercive authority of judges and courts helps to support the offender's progress in treatment;
- **Availability:**
  - Los Angeles County does not have a dedicated MHC;
  - Juvenile Court at East Lake courthouse serves as a MHC for juvenile delinquency cases;
  - Over past 20 years, DMH's Court Program has stationed mental health clinicians in multiple courthouses around the County to provide linkages to community services, referrals to providers (including DMH's own clinics), clinical oversight and alternative sentencing services to the courts in both misdemeanor and felony cases;
  - Over past 5 years, MHCs have rapidly expanded in California, fueled by dedicated State funding and policy support by the California Judicial Council and the State legislature;

- **Prototype Court (PC):** Currently DMH and the Superior Court are implementing a Prototype Court which is something of a hybrid between a DC/MHC; PC will handle felony cases in which offender has co-existing disorders of serious mental illness and drug dependence. Intensive Wrap Around services will be provided under the Mental Health Services Act (Proposition 63). One of the objectives of the PC is to establish a model of operations that can be expanded throughout the County.

#### Homeless (or Homelessness) Courts (HC)

- **Established:** In San Diego in 1999, predominantly found throughout California;
- **Cases handled:** include outstanding warrants and so-called quality of life misdemeanors, such as unauthorized removal of shopping carts, disorderly conduct, public drunkenness, and trespassing, which cause significant backlogs and impedes defendants' ability to access social services or finding permanent housing and employment;
- **Features:**
  - Highly specialized programs focused on the criminal case problems frequently experienced by homeless individuals;
  - Convenes in the community rather than in a courthouse because homeless people tend to be fearful of attending court;
- **Services/Sentencing/Goals:** Sentencing approaches may involve counseling, volunteer work, and participation in agency programs in lieu of the traditional fines and custody imposed in criminal cases;
- **Availability:** Los Angeles County has implemented a HC at PATH; this Court, with the cooperation of the Los Angeles City Attorney will upon application of the defendant, dismiss "quality of life" criminal charges and any underlying bench warrants for people who have enrolled in a formal recovery program for mental illness and/or addiction and have successfully completed at least 90 days of that program. The court convenes approximately once a month.

### III. COMMUNITY COURTS (CCs)

- **Established:** In NYC, 1993 (Midtown Court near Time Square);
- Hybrid of all models outlined above;



➤ **Cases Handled:**

- Part of a citywide initiative related to community policing and community prosecution; did not begin as a Problem Solving Court;

➤ **Features:**

- Core notion is that they serve as a hub for addressing multiple problems encompassing crime within a community;
- CCs are criminal courts that approach crime and punishment in the context of community in which they are located;
- Often located at street level in accessible buildings along with human service agencies;
- Key community stakeholders including residents, landlords, and business owners also are enlisted in the effort to develop appropriate community service projects;
- Some have community advisory boards that offer key stakeholders an institutionalized mechanism for interfacing with judge, lawyers, and court administrators;
- Key feature is their authority/court jurisdiction to hear and resolve multiple sorts of legal problems or disputes involving the defendant and the community. Examples might include "civil" cases such as landlord-tenant, child custody, child dependency, and property disputes. Different from most courts, and even courthouses, handling only one type of dispute. The integration of legal jurisdiction at the CC permits multiple legal problems faced by an offender within a community to be resolved in a coordinated fashion and at the same time under the oversight of a single judge with consistent representation. CCs remain in a highly evolutionary state and each is unique.

➤ **Services:** Social, personal, and clinical services provided at court itself, to support the offender in becoming a productive member of the community;

➤ **Sentencing/Goals:** Sentences for crime embody concept of Restorative Justice, requiring offenders to compensate victims/neighborhoods through community service, acts of restitution, and personal recovery.

## LOS ANGELES COUNTY'S HOMELESS PREVENTION INITIATIVE SUMMARY OF SUPPLEMENTAL RECOMMENDATIONS

This attachment contains 19 supplemental recommendations intended to work in tandem with the eleven key recommendations outlined in Attachment I. These have little or no additional net County cost associated with implementation because funding has been identified by the sponsoring departments. Extensive coordination will take place among the staff of these initiatives and those involved implementing the eleven key recommendations. Briefly, the supplemental recommendations, which are more fully outlined in Attachment III, provide for the following:

### Sheriff Recommendations

- Ensuring the successful transition of inmates from jail by beginning the process of connecting eligible inmates to needed services/benefits while still in custody. Efforts include identifying inmates 21 years of age and younger who were formerly in foster care, to provide them with information regarding Independent Living Programs benefits and to link them to such resources as Transitional Resource Centers.
- Creating mini-career centers within the County jails/Pitchess Detention Center (modeled after DPSS' GAIN program and the LA Works Mini-Career Center) to address the high rate of unemployment among inmates transitioning out of the jail system.
- Expanding contracts with providers to enhance the transportation of discharged inmates to housing and a wide array of community-based supportive services.

### DHS Recommendations

To improve discharge plans for homeless individuals, ongoing training will be developed to enhance assessment and treatment planning skills for DHS social workers and other healthcare staff on special needs of homeless and the available community resources for services and care.

### DMH Recommendations

- Increasing the supply of permanent, non traditional housing and services to chronically homeless mentally ill clients through the development of two "Safe Haven" facilities funded through the Mental Health Services Act (MHSA).
- Protecting the rights of mentally ill inmates and enhancing linkages to mental health services at Twin Towers Correctional Facility and Women's Jail by increasing the number of patients' rights staff at these facilities funded through MHSA.



- Ensuring 450 inmates with mental illness/substance abuse are assessed/linked to mental health services rendered under the "Full Service Partnerships" initiative funded through MHSA.
- Maximizing patient flow between higher levels of psychiatric care and community-based mental health services and supports by providing two positions dedicated to providing administrative, fiscal and clinical utilization management funded through MHSA.
- Providing additional staff to ensure individuals with mental illness discharged from institutional settings are linked to appropriate levels/types of mental health/supportive services including residential, substance abuse, and other specialized programs funded through MHSA.
- Increasing the availability of crisis and recovery-based mental health services in the Skid Row area by implementation of an Alternative Crisis Services/Wellness Center located at Downtown Mental Health Center (DMHC) available twenty-four hours, seven days per week.

### **DPSS Recommendations**

Adding to the efforts outlined in Attachment I (GR Housing Subsidy and Case Management Program, benefit applications at County Jails and Medical Centers, and Housing Locators); DPSS is proposing expansion of existing collaborative efforts to other County departments/agencies to ensure families and individuals exiting from those systems are linked to CalWORKs, Food Stamps, GR, and/or Medi-Cal benefits.

### **DCFS Recommendations**

- Increasing the number of Transitional Housing Program (THP) beds by at least 50 in FY 2006-07;
- Reviewing, via the Emancipation Program Partnership, the THP to identify potential enhancements for the Program;
- Facilitating the reintegration of foster youth into communities by creating alliances with community-based organizations and landlords capable of providing permanent housing and social services; and,
- Working closely with community partners to increase availability of housing vouchers for youth "aging out" of foster care.

### **Cross-departmental efforts**

Developing several technological/procedural solutions in response to the coordination of discharge policies/procedures across departments, including:

- Ensuring that departments customize and fill out a "Discharge Standards/Guidelines" template;

- Creating a discharge risk-assessment form for all departments with inpatient/residential services;
- Using an Internet-based database with information about services received by discharged persons that became homeless in and effort to reduce service duplication; and,
- Developing an educational/social services initiative for youth aging out of County services.



# HOMELESS PREVENTION INITIATIVE SUPPLEMENTAL RECOMMENDATIONS

<b>Recommendations with Low- or No-Net County Cost of Implementation (Funding Identified by Departments)</b>		
4. Sheriff /DCFS: Connecting former foster care inmates to services	Identify and provide former foster care inmates with information regarding services, e.g., accessing Transitional Resource Centers.	Sheriff is exploring the possibility of adding a question regarding an inmate's former foster care status to its classification process. Costs to be identified.
6. Sheriff: Job Training	Create mini-career centers within the County jails/Pitchess Detention Center modeled after DPSS' GAIN program and the LA Works Mini-Career Center.	Sheriff has \$50,000 set aside per year, for three years.
9. Sheriff (DMH): Homeless Transportation Program for Mentally Ill	Expand contracts with service providers for transporting discharge clients to housing and support services.	\$99,000 from Inmate Welfare Funds to fund one year pilot with the VOA to be administered by the Inmate Reception Center (IRC); downtown LA service. The estimated cost for the expansion to all Supervisorial Districts is approximately \$400,000 annually.
10. DHS: Social Worker Training – Systems Navigators	Provide ongoing training for County hospital social workers to serve as quasi "systems navigators" to ensure that an accurate assessment of housing, health care, and support needs of individuals with no fixed address is completed prior to discharge; and that connections are made to community- and faith-based organizations capable of addressing these needs.	Two full-time equivalent positions for four facilities at \$61,424 per year per Clinical Social Worker. A community based organization specializing in homeless services is in the process of writing a grant to obtain support funding.
15. DMH: Establishing Safe Havens	Develop two new Safe Havens to increase supply of permanent, non traditional housing and services to chronically homeless mentally ill clients.	MHSA plan approved the State includes \$1 million for services and operational costs to support the development of two new Safe Haven facilities.
16. DMH: Creating a Downtown Alternative Crisis Services /Wellness Center	Increase the availability of crisis and recovery-based mental health services in the Skid Row area by implementation of an Alternative Crisis Services/Wellness Center located at Downtown Mental Health Center (DMHC) available twenty-four hours, seven days per week .	DMH has been collaborating with a variety of community agencies since December 2005 including other County Departments, non-profit providers on the Skid Row area, DMH Stakeholders. DMH intends to continue collaboration in the development and implementation of this program in the future.
17. DMH: Hire more Patients' Rights Advocates	Through MHSA funding, protect the rights of mentally ill inmates and enhance linkages to mental health services at Twin Towers Correctional Facility and Women's Jail by increasing the number of patient's right staff at these facilities.	DMH is planning to provide two full-time Mental Health Coordinator II positions, funded by MHSA, at a cost of \$147,110 per year.
18. DMH/Sheriff: Linking clients to services through Full Service Partnerships	Ensure 450 inmates with mental illness/substance abuse are assessed/linked to mental health services rendered under the "Full Service Partnerships" initiative funded through MHSA;	The MHSA plan includes an annual amount of \$1.7 million to hire jail linkage staff to enroll approximately 450 individuals, directly from the jail, in Full Service Partnership Programs at any given time at an average cost of \$15,000 per individual. An average of 300 individuals are currently enrolled from the jail in AB 2034 at any given time at a cost of \$11,000 per individual (MHSA funds).
20. DMH: Enhancing management of Countywide resources	Increase potential for community living and recovery by maximizing patient flow between higher levels of psychiatric care and community-based mental health services and supports, by providing two positions	The MHSA plan includes \$250,000 which includes salaries, benefits, and administrative costs for: 1 District Chief



## HOMELESS PREVENTION INITIATIVE SUPPLEMENTAL RECOMMENDATIONS

	(through MHSA) dedicated to administrative, fiscal, and clinical management utilization.	1 Mental Health Analyst II To provide administrative, fiscal, and clinical utilization management for 1,200 acute and residential beds at any given time (MHSA funding).
21. DMH: Residential and Bridging Services	Through MHSA, provide additional staff to ensure individuals with mental illness discharged from institutional settings are linked to appropriate levels/types of mental health/supportive services including residential, substance abuse, and other specialized programs.	The MHSA plan includes \$1.2 million annually (including salaries, benefits, and administrative costs) to provide: 8 Psychiatric Social Workers 2 Supervising Psychiatric Social Workers 5 Peer Advocates/Bridgers (All positions to be funded by MHSA)
22. DPSS: Securing benefits for families/individuals exiting other systems	Expand existing collaborations to other County departments/agencies to ensure families/individuals exiting from these systems are linked to CalWORKs, Food Stamps, General Relief, and/or Medi-Cal.	
25. DCFS: Increasing Transitional Housing Program (THP)	Increase number of THP beds by at least 50 in FY 2006-07.	DCFS was awarded \$600,000 in matching funds to implement THP Plus services.
26. DCFS: Review of Transitional Housing Program	DCFS and the Emancipation Program Partnership will thoroughly review the THP to identify potential Program enhancements.	This recommendation was created in response to Supervisor Knabe's March 14, 2006 motion instructing DCFS and the EPP to enhance the THP.
28. DCFS: Community Partnerships	Facilitate reintegration of foster youth into communities by creating alliances with community-based organizations and landlords capable of providing permanent housing and social services.	Cost may be negligible and will be covered within existing budgeted programs.
29. DCFS: Increasing housing voucher availability for emancipated youth	Work with community partners to increase availability of housing vouchers for youth "aging out" of foster care.	DCFS has budgeted \$5,000 to purchase housing vouchers from its annual Independent Living Program allocation.
30. Cross-Departmental: Completing Discharge Standards/Guidelines	Ensure departments complete a customized "Discharge Standards/Guidelines" template.	No cost foreseen at this time.
31. Cross-Departmental: Universal Discharge Form	Create discharge risk-assessment forms for all departments with inpatient/residential services.	No cost foreseen at this time.
33. Cross-Departmental: Reduce duplication of services to homeless clients	Use an Internet-based database with information about services received by discharged persons that became homeless to reduce service duplication.	Sheriff estimates the total cost, including start-up fees, is \$215,000. There will be no further cost since the data base will be maintained by the Sheriff.
34. Cross-Departmental: DCFS/DPSS/LACOE/Probation, Education and Social Services Transition Age Youth	Develop an educational/social services initiative for youth aging out of County services.	Life skills classes for DCFS and Probation youth in out-of-home care are within the DCFS budget and paid through the State's allocation for the Independent Living Program.



# County-wide Stabilization Centers Proposal

## **Motion** (Proposed by Los Angeles County Board of Supervisors)

December 20, 2005: "Create regional stabilization centers to serve persons discharged from County jail with no identified place to go as well as to provide an alternative to jail for law enforcement that arrest a homeless person with mental illness and/or substance abuse for a minor offense. Mental health, substance abuse, social service, and economic support services would be provided at the stabilization centers by teams of experts. Additionally, each person served through the stabilization centers would be connected with appropriate supportive housing prior to leaving the centers."

## **Vision**

Add stabilization components to existing County-wide Regional Homeless Access Centers. The Stabilization Centers (Centers) will be located in each County Supervisorial District, and become full-service, one-stop centers for homeless service referrals, homeless response teams (Street Outreach), law enforcement connections, medical facility discharge, fire safety departments and public referrals. These centers will be open 24 hours per day, seven days per week.

## **Los Angeles County Stabilization Center Work Group**

In order to create a plan that reflects the motion, the County Chief Administrative Office/Service Integration Branch formed a planning committee. The development of this plan included the participation of the following City/County departments and partnering agencies:

- Chief Administrative Office/Service Integration Branch – Michael D. Castillo
- Department of Health Services – Libby Boyce, Stephanie Faren
- Department of Health Services, Alcohol & Drug Rehabilitation – George Weir
- Department of Mental Health – Larry Hurst, Stacy Williams
- Department of Public Social Services – Sylvia Romero
- Gateways Hospitals – Jeanne McClellan
- Los Angeles County Community Development Commission – Leepi Shimkhada
- Los Angeles Mayor's Office – Steven Olivas
- Los Angeles Sheriff's Department – Karen S. Dalton, Brian Center
- Midnight Mission – Orlando Ward
- People Assisting The Homeless – Joel John Roberts, Janet Ganaway, Tara Brown

## **Target Population for Stabilization Center**

- People who are chronically homeless on the streets of Los Angeles County.
- Homeless persons with mental illness and/or substance abuse who are arrested for minor offenses and are in need of service connection.

- Persons who are discharged from County jails who have no place to go, other than the streets. (That are homeless, whether chronic or not.)
- Persons leaving the County health care system. (That are homeless, whether chronic or not.)

### Basic Minimum Services

#### a. Interim Housing (Emergency Shelter)

- Provide an emergency bed for up to 30 days, while a person seeks to access public benefits, transitional or permanent housing.
- Provide a clean and secure environment that includes food, clothing, bathing facilities, and emergency housing.
- Provide case management services that will assist a person in developing a short-term plan for housing, healthcare, employment, access to public benefits, and other service needs.
- Each Regional Homeless Center would be connected to at least 30 emergency shelter beds.

#### b. Mental Health Care

- Provide a stable environment with a clean and secure shelter bed.
- Refer persons to DMH facilities as soon as possible.
- If law enforcement considers a person unstable enough to threaten oneself or others at the facility, they will take them into custody for 72 hours (also known as a "5150").
- *Business Day Shift* – Provide Licensed Clinical Social Worker who will assess and refer to a Department of Mental Health facility. (Preferably a LCSW who are also "Licensed Professionals of the Health Arts" that specialize in co-occurring disorders.)
- *Evening and Weekend Shifts* - Provide Psychiatric Registered Nurse who will assist persons to become stable upon entry and during their residence in the center. There will also be an on-call Psychiatrist.

#### c. Substance Abuse Treatment

- Provide a stable environment with a clean and secure shelter bed.
- Refer persons to substance abuse centers or emergency housing as soon as possible.
- If staff considers a person unstable enough to threaten oneself or others at the facility, law enforcement will be contacted.
- A threshold will be established for staff to determine if new client is at risk of having a health crisis due to their mental state and/or use of a substance(s). If a new client is determined to be in a crisis state, they will be referred to a 24 hour Urgent Care Center that is equipped to evaluate substance use and mental health-related emergencies.
- Provide the LCSW as described under "Mental Health Care."
- Each Regional Homeless Center would be connected to at least 10 substance abuse treatment beds.

#### d. Housing Locators ("Homeward Bound" Program)



- Provide housing locators who will assist persons in locating transitional and permanent housing. This would also include helping eligible persons access Shelter-Plus-Care vouchers to obtain permanent housing.
  - Assist persons in locating affordable housing, credit counseling, tenant rights, rental agreements, and moving.
  - "Homeward Bound" program is a family reunification program that helps a person return to their family and community. The program would fund transportation costs.
- e. Housing and Client Data Bases
- Each Regional Homeless Center will have access to a web-based data base ([www.socialserve.com](http://www.socialserve.com) or similar) that will include affordable housing availability, transitional/emergency housing availability, Section 8 landlords, social service providers, rental unit availability, etc. CAO/SIB and CDC will convene workgroups to initiate this type of County-wide resource database and invite other interested departments and agencies to participate.
  - Each Regional Homeless Center will have a data base that will track persons entering and exiting the program.
- f. Employment Services
- Provide employment specialists who will assist persons with job readiness, job skills training, employment coaching, and linkage to community employers.
  - Provide financial literacy training.
- g. Access to Public Benefits and Referral Services
- Provide persons with the ability to access public benefits.
  - Provide access to onsite or offsite social services. This would include: family services, legal services, homeless court, HIV/AIDS counseling & testing, Traveler's Aid (family reunification), veteran's services, mail services, GED education, etc.

### Timeline

- *Short-Term:* Set up pilot project(s) with one (or two) larger Regional Homeless Access Centers. This could be accomplished within 3 to 6 months.

Possible pilot sites that currently operate as emergency shelters and have full services on-site:

- Midnight Mission – Central City East (Skid Row)
  - PATH Mall – East Hollywood, outside of Downtown Los Angeles
  - Ocean Park Community Center/SAMOSHEL – Santa Monica
- *Long-Term:* Develop five Centers, one in each Supervisorial District. This could be accomplished within 12-18 months. A capacity assessment of the current Regional Homeless Access Centers would need to be done. Setting up capacity means contracting with service agencies, where necessary, specializing in specific areas (mental health, substance abuse, housing placement, and employment) who would locate at each Center.

**Funding**

- Cost savings from unnecessary emergency room visits and incarceration would help offset costs associated with the development, implementation and ongoing operation of the centers.
- If new emergency beds can not be established quickly, the RHC could "rent" existing unused emergency shelter beds from existing providers until new beds are added to the system. Some shelter providers have beds that are not funded. They might be willing to offer these existing beds in order to cover their costs.
- Existing Homeless Access Centers are currently funded by the Department of Housing and Urban Development's Supportive Housing Program (SHP). These centers are funded at approximately \$300,000 to \$400,000 per year. Nonprofit groups are required to provide matching funds (approximately 25%).
- Existing and New supportive services (mental health and employment) could be funded through other departmental funds; however, new funding would need to be identified for substance abuse services

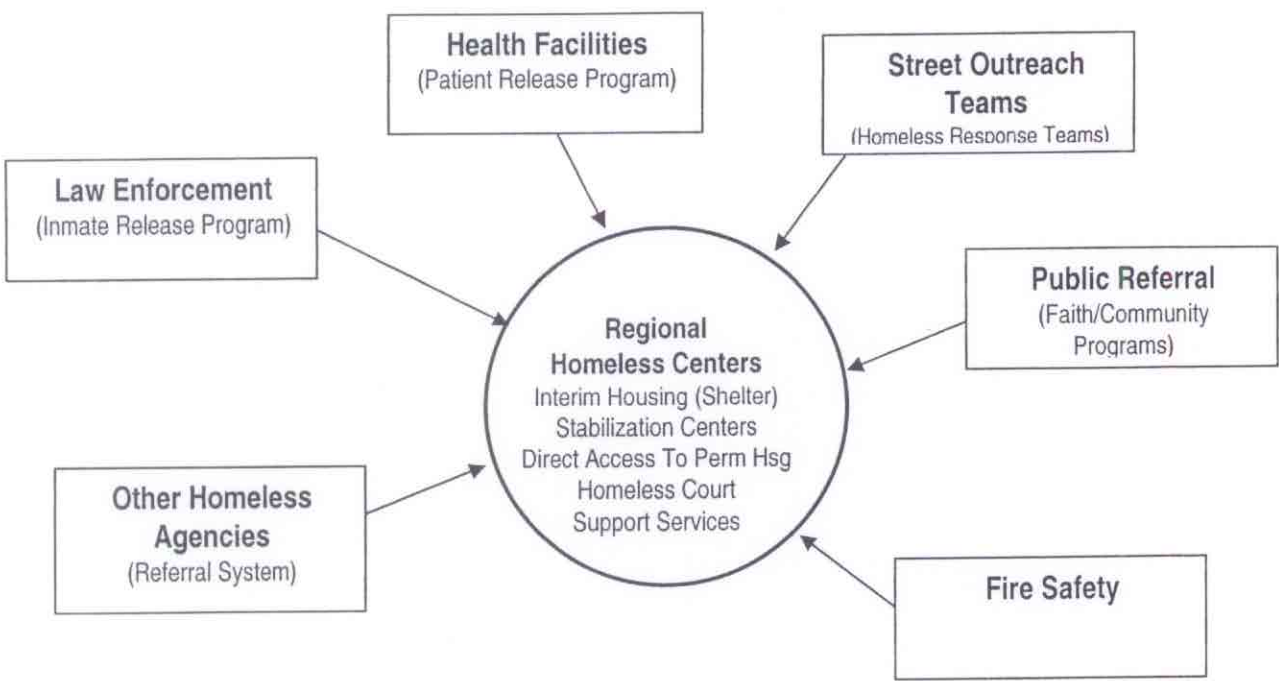
**Budget**

- See draft budget worksheet.
- **Section A** budget describes the *Homeless Access Center* budget. Most of this budget is already funded through HUD SHP funding.
- **Section B** budget describes the new *Stabilization Center* component. This would be new funds. Stabilization Center budget is larger than a typical Homeless Access Center budget because it operates 24 hours per day, seven days per week (168 hours per week.) A Homeless Access Center is typically open eight hours per day, five days per week (40 hours per week.)

Rev: March 21, 2006



Flow Chart



**ZERO TOLERANCE FOR FAMILIES ON SKID ROW  
ENHANCED FAMILY DIVERSION PLAN  
March 2006**

**1. Child Safety**

Child safety is our first concern. For this reason, DCFS staff working on Skid Row will clear all cases on their Child Welfare System/Case Management System (CWS/CMS) to determine if the family has had past involvement with DCFS. If there is probable cause for further investigation, DCFS will also access the Department of Justice's (DOJ) database, recognizing the inherent dangers of Skid Row environment on children.

A joint interview for services/benefits will be conducted by DPSS and DCFS. In addition, DCFS will conduct a child risk assessment on all families

The ability to share data across departments is found in Welfare and Institutions Code, which allows for "multi-disciplinary teams" who are engaged in the "prevention, identification, and treatment of child abuse" to share confidential information within the team members.

**2. Skid Row Family "Early Morning" Screening Teams**

DPSS Skid Row Family Teams are stationed at the Union Rescue Mission (URM) and Midnight Mission (MM), Monday through Friday. The Team serving MM is on duty at 6:00 a.m., and the Team serving URM is on duty at 7:00 a.m. Both teams end at 7:30 p.m.

Sunday through Thursday, URM and MM will identify any family who comes into the shelter during the night and will bring that family to the County Team prior to the family leaving the shelter.

DCFS staff will join DPSS at the URM beginning March 13, 2006. We are waiting approval from MM management permitting DCFS to co-locate with DPSS at that location.

LAHSA, DMH and a DHS Public Health Nurse are available to the teams on an "on-call" basis from at 8 a.m. to (insert time) to provide services, e.g. housing vouchers, transportation, mental health assessment, clinical needs.

Upon completion of assessment and dependent on their needs, families will be transported to either the Weingart Family Access Center, Downtown Mental Health Center (DMH), and eventually housing (see No. 6 below).



### 3. **Single Homeless Families Database for All Agencies**

As a part of the Enhanced Skid Row Family Diversion Plan, DPSS will create a database that will be web-based for use by all involved County departments and LAHSA. The data will include family name, location, service dates, reasons for homelessness, family circumstances, service needs, the services provided, and all other information deemed necessary to provide appropriate services. Families will be asked to sign a *Consent to Share Information* form, should one be needed, to allow the exchange of information beyond the multi-disciplinary team.

Once the database is created, LAHSA's existing data will be incorporated to maintain one system for all homeless families on skid row. This will ensure that we identify unique family counts and avoid duplicate counts. The data base will be up and running in five weeks.

### 4. **Housing Assistance Needs of Skid Row Families**

The housing goal for Skid Row families is permanent housing with strong case management to ensure the families stay connected with necessary supportive services. In order to find adequate permanent housing and provide rental assistance to enable the families to afford the housing, a number of avenues will be pursued:

- Pending the location of permanent housing opportunities as discussed below, short term housing at extended stay hotels outside of Skid Row will be explored for Skid Row Families.
- The City of Los Angeles will be requested to provide Section 8 vouchers or other rental assistance funding.
- If appropriate the Mental Health Services Act Housing Fund will be accessed to provide rental assistance.
- County general fund support for rental assistance through the Board directed Housing Trust Fund may also be accessed after the fund is established in the 2006-07 budget.

### 5. **Families Ineligible for DPSS housing assistance**

Funding needs to be identified for families, including undocumented families, which do not meet the requirements to receive DPSS housing assistance and other services. For families which are not eligible for some or all DPSS housing assistance, non-DPSS funding will be needed to cover the ineligible family members. In some instances, DCFS Family Preservation funding may be available for these families. For other cases, County general fund may be the

only funding source. In addition, this Skid Row homeless family population also needs to have case management to ensure that they are moved out of Skid Row and receive adequate supportive services to keep them out of Skid Row. With general fund support, DCFS will provide case management services for this group of families.

These families should have the same short term housing placement as discussed in No. 4 above.

#### **6. Skid Row (SR) Housing Locators**

DPSS expects to have their Contract Housing Locators available in July 2006. DPSS funded Locators may be used to locate permanent housing outside Skid Row for eligible (CalWORKs or GR) families only. With County general fund support, DPSS will use their housing locators for families who are ineligible for DPSS services as well. Other County departments may also contract with the DPSS Housing Locators firm.

#### **7. Transportation**

The Skid Row Family Outreach Team currently provides transportation to the Skid Row homeless population to connect them with services and housing. The Skid Row Family "Early Morning" Screening Teams will require morning access to this transportation in order to connect families to:

- Weingart Family Access Center
- DMH Skid Row Clinic
- Housing for families

#### **8. Uniform Families Questionnaire and Service Referral Form and Skid Row Outreach Team Supplemental Safety Assessment**

DPSS has developed a uniform Homeless Families Questionnaire and Service Referral Form for the Skid Row families is in use to ensure that all agencies are working together, gathering consistent information and using the same standards. This tool is being used with all homeless families and addresses the full range of the family's circumstances, and includes health-related questions provided by the Department of Health Services. DCFS has developed a specific child safety assessment tool for use by the DCFS CSW on the Skid Row Outreach Team and the CSWs who will be co-located at URM and, hopefully, also at Midnight Mission.

DPSS/DMH/DCFS case management will geographically move with the family as it transitions out of Skid Row.



**9. Training for Skid Row Providers and County Staff**

The County will develop a training program for County staff and other Skid Row service providers on the uniform assessment tool and case management protocol. The training program will also include information on the roles and responsibilities of the Zero Tolerance for Families on Skid Row Enhanced Family Diversion Plan. As noted in Attachment A the training will take place the week of March 27, 2006.

**10. Family Diversion Plan Accountability**

The CAO will convene the key managers of the departments of DCFS, DHS, DMH and DPSS along with representatives of LAHSA, Weingart, Midnight Mission and the Union Rescue Mission on a bi-monthly basis to collect information and data about the outcomes for families encountered and served by the Skid Row Family Screening Teams and the Skid Row Outreach Teams. The outcomes to be measured include: when the family was moved out of Skid Row, where the families are currently housed, what type of housing they occupy (emergency, transitional or permanent), what the planned next step for housing is and when it is to occur, what supportive services each member of the family is receiving, DCFS' assessment of the child (ren)'s well-being, and the case manager's assessment of the family's stability.

## COUNTY HOMELESS PREVENTION INITIATIVE RECOMMENDATIONS

Recommendation	Cost Assessment	Time Line	Comments
<b>Sheriff's Department</b>			
Create five, 24-hour, multi-disciplinary/interdepartmental Stabilization Centers with short-term shelter beds, one in close proximity to the Central Jail and others located regionally. It is intended that the Stabilization Centers will serve two homeless or at-risk homeless populations: 1) those being released from County Jail with no identified place to go; and 2) homeless persons with mental health and/or substance abuse issues who have been arrested for minor offenses. The purpose of the Stabilization Centers is to provide temporary housing and triage of these homeless persons and then connect them with more permanent housing and health and human services programs.	<p>County General Fund contribution will probably be needed to support the Centers.</p> <p>The People Assisting The Homeless (PATH) Chief Executive Officer has provided a definition and an estimate of the costs for the provision of an "ideal" Stabilization Center; the projected annual cost per center is \$1,425,000. This ideal model builds on the use and expansion of an existing regional homeless access centers; the above stated cost projection is in addition to the approximately \$400,000 in annual Federal funding that the centers now receive. There are currently 18 such centers in the County which are generally funded through HUD Supportive Housing Program Funds. The PATH paper is attached (Exhibit A) and will serve as a point of departure for the work group described in the Comments section to the right.</p>	Long-term (over six months).	<p>A work group consisting of private homeless service providers and County departments (Sheriff, CDC, CAO, DHS, DMH, and DPSS) has been convened to develop the cost and time line for implementation. Initially, it is intended to implement five Stabilization Centers; one in each Supervisorial District. To build on existing infrastructure, the work group will consider expanding existing regional Homeless Access Centers and/or drug/alcohol Community Service Access Centers as Stabilization Centers. The Work Group's first meeting was held on January 4, 2006.</p> <p>DMH has not committed to providing funding for Stabilization Centers although services for homeless mentally ill persons at these centers will be provided by DMH.</p> <p>The Stabilization Center's will be budgeted to support 40 shelter beds; 30 of which will be housed at the Centers for the general homeless population being released from County institutions; 10 will be housed at a nearby community partner facility and will be residential treatment beds set aside for homeless people being discharged from institutions who agree to drug treatment.</p>
Create Homeless Court, in partnership with Superior Court, possibly located at the Stabilization Centers on a rotating basis. The purpose of the Court is to quickly divert homeless persons who are arrested for minor offenses, have frequent contact with the criminal justice system, and may have co-occurring mental illness and substance abuse issues out of the criminal justice system and into appropriate treatment and housing.	Annual administrative cost estimated at \$579,000.	Long-term (over six months)	A work group has been established to develop the plan for creating the courts. The work group will include Superior Court, District Attorney, Public Defender representatives as well as the Sheriff, CAO, DMH, and private parties such as the Public Counsel.



## COUNTY HOMELESS PREVENTION INITIATIVE RECOMMENDATIONS

Recommendation	Cost Assessment	Time Line	Comments
Identify additional funding streams to offset the cost of mental health prescriptions for inmates; and develop a pre-release protocol with DMH to ensure that released inmates do not experience "gaps" in medication upon discharge.	Sheriff is exploring alternative funding options*		Sheriff currently funds medications in the jail. DMH conducts assessments of inmates with mental health needs.
Explore the possibility of identifying jail inmates who are former foster youth (ages 18-21) and who were in the foster care system on or after their 16 <sup>th</sup> birthday) through the Sheriff's Jail Inmate Classification System (JICS). Once identified, these inmates will be provided with information materials regarding Transitional Resource Centers, services and benefits for which they may be eligible.	Sheriff is exploring the possibility of adding a question regarding an inmate's former foster care status to its classification process. Costs to be identified.	Short-term (less than six months).	DCFS materials that identify program benefits are currently available and can be provided to potentially eligible persons.
Expand on model that allows homeless female inmates to live with their child(ren) for two days/nights to experience a "family living situation" and prepares them for successful discharge. Program to include academic classes, parenting skills, and participation in job training and incentive programs. (Paul Newman Foundation for Homeless Women funds similar models.)	Total additional staffing needs are estimated at a cost of \$1.7 million: 7 Deputies 15 Custody Assistants 1 Supervising Nurse 1 Nurse Practitioner 1 Staff Nurse	Budgetary issue: Consider during 2006-07 Budget Deliberations.	Improves the ability of homeless female inmates to become successful parents.
Create mini-career centers within the County jails/Pitchess Detention Center modeled after DPSS' GAIN program and the LA Works Mini-Career Center.	Sheriff has \$50,000 set aside per year, for three years.	Short-term (three months).	Funds will be disbursed within 30-days to LA Works to create a mini-career center in the jail targeting the high rate of unemployment of inmates transitioning from the jail system.
Increase staffing for the Sheriff's Community Transition Unit (CTU), to improve assistance with transition of inmates from custody to the community (i.e., discharge, including follow-up with inmates post release). Develop partnerships/collaborations with other County departments that have resources to assist with the Sheriff's diverse population. Continue to seek collaboration with organizations that embrace Sheriff clients; seek to assure Sheriff discharge plans include linkages to essential housing, and other community services and support.	Total additional personnel needed to expand program are estimated at a cost of \$4.7 million:  45 Custody Assistants 4 Sergeants 2 Psychiatrists 2 Nurses 2 Social Workers 2 Supvg. Operations Assist I 5 Admin. Services Manager III's	Budgetary issue: Consider during 2006-07 Budget Deliberations.	Funding will help fill the gaps in the transition process that have been identified. For example, the CTU would be expanded to all jail facilities (CRDF where the females will be housed and released, Pitchess North, Pitchess East, NCCF) to allow those inmates to be case managed properly. Currently, the CTU is only downtown and is not 24-hours per day. Funding would allow for better discharge planning, including a psychiatrist, nurse, and social worker available to ensure that the transition from jail is comprehensive and successful. Funding would also allow the Sheriff to link and collaborate well with other agencies and to be an effective partner in efforts dealing with homelessness, HIV issues, substance abuse, benefits, etc. Currently,

**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Recommendation	Cost Assessment	Time Line	Comments
<p>Develop pre-release agreements with the Social Security Administration (SSA) to implement a "pre-release procedure" that establishes eligibility for SSI payments upon release from custody. The pre-release procedure applies to penal institution cases. Ensure ongoing collaboration between organizations related to jail transition, to ensure that an inmate's benefits/income, housing, and interactions with the justice system are coordinated to ensure a successful transition.</p>	<p>County General Fund may be needed to support a staff position in the Sheriff's CTU dedicated to establishing coordination/ collaboration protocols with the SSA and other organizations involved in jail transition.</p>	<p>Short-term (less than six months) Budgetary issue: Consider during 2006-07 Budget Deliberations.</p>	<p>many agencies work with inmates in and out of the jails, but effective partnership and collaboration is lacking.</p> <p>Sheriff to provide details of how they will successfully re-establish SSI benefits for discharged inmates who received benefits prior to incarceration. For example, the Sheriff's CTU processes SSI paperwork prior to release to ensure \$200 in benefits is received by the inmate upon discharge. Sheriff would like a position assigned to the CTU and dedicated to liaison with SSA and other organizations and agencies involved in jail transition. This recommendation is consistent with recommendations coming out of the SSI/SSDI Outreach, Access and Recovery (SOAR) process, a Federally-funded technical assistance program to improve access to SSA Disability Benefits.</p>
<p>Expand contracts with service providers to transport discharge clients to specific housing and support service situations. Initial expansion would be with the Volunteers of America (VOA) to increase transportation service from the jail on a 24/7 schedule and to a wide array of area community service providers.</p>	<p>\$99,000 from Inmate Welfare Funds to fund one year pilot with the VOA to be administered by the Inmate Reception Center (IRC); downtown LA service. The estimated cost for the expansion to all Supervisorial Districts is approximately \$400,000 annually.</p>	<p>Short-term (less than three months).</p> <p>Long-term (over six months)</p> <p>Budgetary issue: Consider during 2006-07 Budget Deliberations.</p>	<p>In 2000, the Volunteers of America (VOA) and the Sheriff's CTU worked together to create a program where VOA would provide transportation from the IRC to the VOA Drop-in Center in downtown Los Angeles throughout the day and night. Pickup times were posted throughout the release area. In 2003, VOA applied for a pilot project to expand the transportation program. This would include those individuals who had identified appointments or places to go to when released from the jail so that they were not released with nowhere to go.</p> <p>VOA will receive \$99,000 to increase transportation service from the jail on a 24/7 schedule and to a wide array of area community service providers.</p> <p>While it is estimated that VOA currently serves individuals from all Supervisorial Districts, the Sheriff would eventually like to see a driver assigned to each District that coordinates with the courts.</p>
<b>Department of Health Services</b>			
Provide ongoing training to social workers in each County hospital on	Two full-time equivalent	Need	Curriculum for CSW positions is yet to be



**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Recommendation	Cost Assessment	Time Line	Comments
resources (housing, shelter, community-based organizations (CBOs), interfaith groups, etc.); and ensure that an accurate assessment of housing, health care, and support needs of individuals with no fixed address is completed prior to discharge.	(FTE) positions for four facilities at \$61,424 per year per Clinical Social Worker. A community based organization specializing in homeless services is in the process of writing a grant to obtain support funding.	approximately six months subsequent to the identification of funding to hire and train.	developed.
Hire two SSA/DHS liaisons to cover the four DHS Healthcare Networks to initiate, streamline, and follow-up on DHS client SSI applications and to assist SSA and Disability Determination Services (DDS) by accessing and submitting appropriate medical records for SSI application processes.	Approximately \$190,000 per year (\$65,000 for salary and benefits for each liaison; \$30,000 for administrative costs).	Long-term (12 months). Budgetary issue: Consider during 2006-07 Budget Deliberations.	
Increase, by 100, the number of residential treatment and recovery beds to provide ready access for homeless persons.	Residential treatment services average \$75 per bed, per day, or \$27,375 annually; total annual cost for additional 100 beds is \$2,737,500. This per bed rate will fluctuate based on the type of service provided and the population and geographic area served.	RFP would take approximately one year to complete from writing it to the beds actually being available for use.	DHS Alcohol & Drug Program Administration (ADPA) currently contracts with CBOs to provide, among other things, approximately 2,000 alcohol and drug program treatment beds Countywide. It also provides partial funding for the County-operated Antelope Valley Rehabilitation Center's 500 bed residential treatment programs. All beds are routinely full and all programs usually have waiting lists for admission. In addition, many of these beds are committed to other County departments that have also provided funding. Therefore, in order to have beds that are readily accessible by homeless persons, additional beds need to be developed.
Create 20 recuperative/respite care beds outside of the Skid Row area.	Projected cost is \$25,000 per-bed, per-year; total projected annual cost would be \$500,000. This projection is based on JWCH's cost of \$20,000 per-bed in skid row, which is less expensive than other parts of the County.		JWCH Institute, Inc., currently has 40 such beds in Skid Row. This recommendation, if implemented, would provide a lower level care bed for homeless persons not requiring acute inpatient care, but needing some minimal medical oversight, e.g., medication management, wound care, etc., including wheel chair bound clients.  LA County has one of the lowest, if not the lowest number of recuperative/respite care beds available for a large jurisdiction given the number of homeless per capita.

**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Recommendation	Cost Assessment	Time Line	Comments
<b>Department of Mental Health</b>			
Increase CCIM unit's staffing resources to allow more intensive and timely consultation services prior to client discharge, which will help to ensure that individuals under 18 are discharged to stable housing and linked to mental health services.	<p>Proposed staff at a cost of \$600,000 per year is:</p> <ul style="list-style-type: none"> <li>4 Psychiatric Social Workers</li> <li>1 Mental Health Counselor</li> <li>1 Registered Nurse</li> <li>2 Supervising Psychiatric Social Workers</li> <li>1 Intermediate Typist Clerk</li> </ul> <p>It is anticipated that 80-90 percent of these costs would be offset by Medi-Cal revenue. Approximately 50 percent of the cost would be offset with Medi-Cal Federal Financial Participation (FFP) for individuals with Medi-Cal. The remaining funding would be NCC. MHSA will not fund this expansion.</p>	Short-term (less than six months) contingent on hiring time lines.	Increased resource development should be a primary feature of any plan to address potential for homelessness with this population (i.e., including access to in-home mental health services, respite care, increased benefits establishment, and specialized residential placements).
Develop two Safe Havens, as defined by HUD, for clients who are chronically homeless and mentally ill who are not connected to any mental health services and for whom traditional housing services have not been effective.	MHSA plan submitted to the State includes \$1 million for services and operational costs to support the development of two new Safe Havens. Funds should be available in February 2006.	Long-term (implementation to begin April 2006 with completion in late 2007).	<p>Safe Havens (25 beds each) provide a permanent, low demand (not a lot of rules) housing option that targets people who have been unsuccessful in other housing options or have not been previously engaged in mental health services and supports.</p> <p>This will link with the Outreach Teams: See Item 8 under Sheriff and DMH Item 17.</p>
<p>Increase the availability of crisis and recovery-based mental health services in the Skid Row area by implementation of an Alternative Crisis Services/Wellness Center located at Downtown Mental Health Center (DMHC) available twenty-four hours, seven days per week.</p> <p>The Alternative Crisis Services/Wellness Center will serve homeless mentally ill persons living on Skid Row who are unable to secure shelter at night, and/or who require mental health services on an urgent need basis. The Alternative Crisis/Wellness Center will</p>	<p>\$4.0 million dollars per fiscal year.</p> <p>Funding will be provided by MHSA.</p>	Long term (over six months)	DMH has been collaborating with a variety of community agencies since December 2005 including other County Departments, non-profit providers on the Skid Row area, DMH Stakeholders. DMH intends to continue collaboration in the development and implementation this program in the future.



**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Recommendation	Cost Assessment	Time Line	Comments
provide mental health services including crisis intervention, medication support, stabilization, and linkage to other community agencies, including housing or shelters. In addition, the Center will function as a resource for local area shelters and provide crisis intervention and stabilization to residents. This Center will interface with the proposed Stabilization Centers by providing more intensive mental health services and supports.			
Increase the number of Patients' Rights Advocates to provide full time advocacy and linkage services to mental health clients who are located in Men's Forensic Outpatient Program (FOP-all pods) at the Twin Towers Correctional Facility and the Women's Outpatient Program at the Women's Jail.	DMH is planning to provide two full-time Mental Health Coordinator II positions, funded by MHSA, at a cost of \$147,110 per year.	Short-term (less than six months).	This will link with the "Inmates with Mental Illness." See Item 3 under Sheriff.
Ensure that inmates are assessed for, and linked to, the Full Service Partnerships. The MHSA plan includes jail transition and linkage services. The jail linkage team will outreach, engage, and enroll incarcerated individuals diagnosed with mental illness and substance abuse into appropriate mental health services and supports including Full Service Partnerships.	To be funded by MHSA funding in February 2006. The plan includes an annual amount of \$1,748,106 to hire jail linkage staff. DMH plans to enroll approximately 450 individuals directly from the jail in Full Service Partnership Programs at any given time, beginning in March 2006, at an average cost of \$15,000 per individual. In addition, an average of 300 individuals are currently enrolled from the jail in AB 2034 at any given time at a cost of \$11,000 per individual.	Short-term (less than six months), possibly by April 2006.	Currently in the development stage. Full Service Partnerships provide a wide array of services and support to help individuals (e.g., housing services, employment services, peer support services, and integrated mental health services, for individuals with co-occurring mental health and substance abuse disorders). There is a commitment to partner with individuals and families, where possible and appropriate, to identify the needs and preferences of the client as the foundation for the plan that will promote the individual's recovery and wellness.  This will link with the Outreach Teams: See Item 8 under Sheriff.
Create a Prototype Court which will serve as a model to support future expansion of the number of clients served and the number of similar courts. The Prototype Court will only target individuals with co-occurring substance abuse and mental illness. Individuals that meet the criteria and choose to have their cases heard in the Prototype Court will be eligible to be linked to Full Service Partnership (FSP) adult programs that are targeting the jail focal population under the Los Angeles County implementation of the Mental Health Services Act. Many of these individuals will be homeless and have frequent contact with the criminal justice system.	DMH is in the planning process with other stakeholders to develop a Prototype Court. The goal will be to link incarcerated individuals through the Court into Full Service Partnerships as a diversion to the criminal justice system. DMH has estimated that up to 50	Short-term (less than six months), possibly by April 2006.	A proposal to use MHSA funds for a mental health court was originally rejected during the DMH Stakeholder Process. DMH will revisit the idea of a Prototype Court as a method to link incarcerated individuals with mental health and substance abuse treatment needs to FSPs with Stakeholders during an upcoming Stakeholder Process. DMH will develop their concept for the Prototype Court through this Process. See Item 2 under Sheriff.

**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Recommendation	Cost Assessment	Time Line	Comments
	individuals will be served in FSP programs during the initial year of Prototype Court operations.		
Centralize management of DMH Countywide acute inpatient (uninsured), institutional, and intensive and supportive residential bed resources, which will coordinate functions to maximize flow between higher levels of psychiatric care and provide linkage to community-based mental health services and supports. This program will help mitigate the numbers of individuals being discharged from institutional settings into homelessness.	To be funded by MHSA in February 2006. The plan includes \$250,000 which includes salaries, benefits, and administrative costs for: 1 District Chief 1 Mental Health Analyst II To provide administrative, fiscal, and clinical utilization management for 1,200 acute and residential beds at any given time.	Short-term (less than six months), possibly by April 2006.	The program will provide coordination, linkage, and integration of DMH inpatient and residential bed resources, including acute inpatient beds (uninsured), Institution of Mental Disease (IMD), State hospitals, and intensive residential programs. Coordination throughout the system will reduce hospitalization, incarceration, and the need for institutional care, while increasing the potential for community living and recovery.  Links to Sheriff Item 8 and DMH Items 17 and 18.
Ensure that individuals with mental illness who are being discharged from institutional settings, including County hospitals, County-contracted private acute inpatient beds (for the uninsured), and intensive and supportive residential programs, are linked to appropriate levels and types of mental health and supportive services including residential, substance abuse, and other specialized programs on discharge. The program will be under direction of the DMH Countywide Resource Management Program.	To be funded by MHSA in February 2006. The plan includes \$1.2 million annually (including salaries, benefits, and administrative costs) to provide: 8 Psychiatric Social Workers 2 Supervising Psychiatric Social Workers 5 Peer Advocates/Bridger's	Short-term (less than six months), possibly by April 2006.	DMH program liaisons and peer advocates/bridgers will assist in the coordination of psychiatric services and supports for individuals being discharged from County hospital psychiatric emergency services and inpatient units; County-contracted acute inpatient beds; long-term residential resources; and crisis, intensive, and supportive residential facilities. Program liaisons will provide linkage for individuals with mental illness to Full Service Partnerships, Service Area System Navigators, Impact Teams, MHC, substance abuse and residential programs, to ensure individuals are not discharged into homelessness.  Some individuals from the jails are sent involuntarily to County hospitals and subsequently



**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Recommendation	Cost Assessment	Time Line	Comments
			are admitted to County inpatient units. The Residential and Bridging Services will provide DMH staff in the County ERs and inpatient units who will link these individuals to State hospitals, IMDs substance abuse and residential programs, Full Service Partnerships, System Navigators, and other community-based services as clinically appropriate. Linkage from the jail to outpatient services will be through the DMH Jail Linkage program that will link to Full Service Partnerships in item 17.  Also links with Sheriff item 8 and DMH 18 and 19.
<b>Department of Public Social Services</b>			
Expand linkages with other departments and agencies (DCFS, Probation, Sheriff, Courts, Public Defender, and DHS) to connect families/individuals exiting these systems with CalWORKs, Food Stamps, General Relief, and/or Medi-Cal.	The projected first year cost of taking applications at County Med Centers in the Assistance budget is \$328,000, with ongoing annual Assistance costs projected at \$414,000. Administrative cost to house five EWs, one supervisor and one clerk to service the four pilot hospitals is \$174,000. Both the Assistance and Administrative costs will be Net County Cost. The projected implementation date is July 2006.	Though there is not yet a specific time line, DPSS could begin taking applications at hospitals in 2006.	DPSS is currently meeting with the Sheriff, DHS, and DCFS on this and will expand to include other appropriate departments. For example, currently, DPSS takes GR applications at Twin Towers for inmates with mental health needs who are about to be released and who were on SSI prior to incarceration, or for those deemed potentially eligible for SSI. The possibility of expanding this project to include other aid programs and/or other groups of homeless inmates is currently being explored. Conditional upon additional resources, DPSS could out-station DPSS staff at the Central Jail and/or other County jails to assist individuals exiting jail in applying for CalWORKs, GR, Food Stamps, and Medi-Cal.  Links with DPSS Item 23.
A. Assign case managers to all homeless CalWORKs families to assist them in finding permanent housing while on aid.	A. Annual CalWORKs Single Allocation costs are as follows: 72 GSWs at \$4,639,000; and 9 GSSs at \$702,000	A. Pilot started May 2005; fully implemented Countywide in July 2005.	A. As of July 2005, all 24 CalWORKs district offices have homeless case managers on staff.
B. Provide "money management" classes to CalWORKs homeless families to better prepare them for exiting DPSS benefit programs.	B. Costs not available at this time; cost would depend on number of families participating in these classes and the	B. Partially implemented at this time.	B. DPSS homeless case managers initiate referrals to Broad Spectrum for Homeless CalWORKs families for money management training and tax preparation assistance. DPSS is continuing to explore the possibility of adding

**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Recommendation	Cost Assessment	Time Line	Comments
C. Pilot case managers providing services to help prevent homelessness for CalWORKs families where aid will be terminated because the only remaining eligible child will be reaching the maximum age limit.	type of provider for the classes.  C. No additional cost for pilot	C. Pilot targeted for July 2006.	life skills classes and expanding both to the total CalWORKs caseload.  C. Continuing the services and expanding to all districts will be dependent on pilot results and available resources.
SS Expand the DPSS Twin Towers GR program whereby DPSS staff take GR applications for certain inmates pending imminent release. DPSS proposes to expand the program to the Central Jail; include other benefit programs, such as Food Stamps, CalWORKs and Medi-Cal; and provide application assistance to all inmates who are likely to be homeless upon release.	The projected first year cost in the Assistance budget is \$592,000, with ongoing annual Assistance costs projected at \$748,000. Administrative costs for staffing one unit (7 Eligibility Workers (EW), 1 Eligibility Supervisor and 1 clerk) at both Twin Towers and the Men's Central Jail will be \$349,000 per year. Both the Assistance and Administrative costs will require Net County Cost.	Within 2006	
<b>Department of Children and Family Services</b>			
Secure funding from California State Department of Social Services (CDSS) for Transitional Housing Program Plus (THPPlus) services. The THPPlus funds will increase the Transitional Housing Program beds by at least 50 beds for 2006/07 (from 244 to 294). Secure funding for this program to continue in the next fiscal year.	DCFS was awarded \$600,000 in matching funds to implement THPPlus services.	June 2006	DCFS to determine if there are any community partners who can provide THPPlus services and the funding match.
DCFS and the Emancipation Program Partnership (EPP) will ensure a thorough review of the Transitional Housing Program, including placement of beds, is conducted. Recommendations for enhancements will be provided to the Board upon completion of the review.	Cost is negligible.	90 days from Board approval.	This recommendation was created in response to Supervisor Knabe's March 14, 2006 motion instructing DCFS and the EPP to enhance the THP.
Expand P3 to increase services to dependent youth ages 12 and older	DCFS and CAO are currently	Hiring authority	